

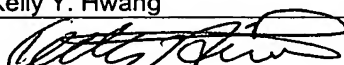
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	LOREAL 3.0-014
	First Inventor	Patricia Desenne
	Title	COMPOSITION FOR DYEING KERATINOUS FIBERS, COMPRISING A HYDROXYCARBOXYLIC ACID OR A SALT, READY-TO-USE, etc.
	Express Mail Label No.	EV312606192US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 51] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="checkbox"/>	ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS/PTO-1449) Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: <input type="text"/>
5. Oath or Declaration [Total Sheets <input]<br="" type="checkbox"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: 000530 OR <input type="checkbox"/> Correspondence address below				
Name				
Address				
City		State	Zip Code	
Country	Telephone		Fax	

Name (Print/Type)	Kelly Y. Hwang	Registration No. (Attorney/Agent)	51,831
Signature		Date	March 25, 2004


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FEE TRANSMITTAL for FY 2004				Complete if Known	
<i>Effective 10/01/2003, Patent fees are subject to annual revision.</i>				Application Number	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	Concurrently Herewith
TOTAL AMOUNT OF PAYMENT (\$) 2,176.00				First Named Inventor	Patricia Desenne
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
				Attorney Docket No.	LOREAL 3.0-014

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account:							
Deposit Account Number: 12-1095							
Deposit Account Name: Lemer, David, Littenberg, Krumholz & Mentlik, LLP							
The Director is authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 770.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	82	-20** =	62	x	18.00 = 1,116.00
Independent Claims	1	-3** =		x	= 0.00
Multiple Dependent				x	= 290.00
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 1,406
**or number previously paid, if greater; For Reissues, see above					

3. ADDITIONAL FEES			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			(\$) 0.00

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Kelly Y. Hwang	Registration No. (Attorney/Agent)	51,831
Signature		Telephone	(908) 654-5000
		Date	March 25, 2004